



Water Resources Program
Request for Determination of Water Budget Neutrality

☐ SURFACE WATER ☒ GROUND WATER

Please ensure that the form is completely filled out.

Incomplete forms will lead to longer processing times, and may be rejected.

Section 1. APPLICANT

Applicant/Business Name: Kirk and Laura Cresto	Phone No: (509)674-2749	Other No: (509)607-0909
Address: PO BOX 653		
City: South Cle Elum	State: WA	Zip: 98943
Email Address (optional): lcresto57@hotmail.com		

Contact Name (if different from above): Jason McCormick Project Manager, Washington Water Trust	Phone No: 509.607.3513	Other No: 509.925.5601
Relationship to Applicant: Consultant to the Estate of Harry Masterson		
Address: 103 East 4 th Avenue, Ste 203		
City: Ellensburg	State: WA	Zip: 98926
Email Address (optional): jason@washingtonwatertrust.org		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Purchase indoor domestic water use for (3) Three Units and outdoor irrigation 1500 square feet.

Anticipated length of time to complete your project: 25 years

Is this for an existing use, established prior to July 16, 2009? Yes ☒ No

If yes, when was the water first regularly and beneficially used? _____

For Ecology Use	APPLICATION NO: <u>64-35638</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u> </u> Check No: <u> </u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>07-19-2013</u> By <u>[Signature]</u> WRIA: <u>39 Km</u>

Water Use: List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)
Domestic, lawn or commercial garden

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) X <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic	50 GPM	1.176	Continuously
Lawn or commercial garden	50 GPM	0.065	Seasonal
TOTAL:	50 GPM	1.241	

*Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at:

<http://www.ecy.wa.gov/programs/wr/cro/wtrchg.html>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? <input type="checkbox"/> YES X <input checked="" type="checkbox"/> NO <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Existing well diameter & depth: _____ If available, attach Water Well Report and pump test. Well Tag ID No. _____ Number of proposed points of withdrawal: 3

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
300334	N 1/2	NW 1/4	20	20	14	Kittitas
Lot(s)	Block(s)		Subdivision			

If available, GPS (Global Positioning System) device location:

Latitude: _____ N Longitude: _____ W

Datum and units (for example NAD83 and decimal degrees, etc): _____ (required for all GPS locations)

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ _____) corner of Section _____.

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request. **1-3 wells to be drilled in the future WITHIN the boundaries of this property. Map Attached – Exhibit "A"**

Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

A.) Domestic Water Systems only

Projected number of connections to be served:

N/A

Type of connections: **N/A**
(e.g., home, recreational cabin)

B.) Municipal Water Systems only

(defined under RCW 90.03.015)

Present population to be served water:

N/A

Estimate future population to be served:
_____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: _____

D.) On-Site Septic

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field.

E.) Sanitary Sewer System

Will domestic wastewater be discharged to a sanitary sewer system? ☐ YES ☒ NO

If yes, please provide a copy of the sewer utility agreement that serves the proposed project.

F.) Irrigation

Total number of acres requested to be irrigated under this application = _____ Acres or 1500 _____ square feet

NOTE: Outline the area to be irrigated on your attached map.

(1 acre = 43,560 square feet)

Section 5. MITIGATION

To request a determination of Water Budget Neutrality under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
CS4-01467@11sb3a	0.335 cfs – 05/01-09/15 0.045 cfs – 09/16-04/30	49.035 af/yr - 05/01-09/15 0.075 af/yr – 09/16-04/30	June 30, 1883
		TOTAL:	49.11

B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
		TOTAL:	

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.411 AFY

Note: You may wish to refer to the online water use calculator for example consumptive use calculations:

<http://www.ecy.wa.gov/programs/wr/cro/wtrxchg.html>

Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

SEE ATTACHED LEGAL – EXHIBIT “B”

¼	¼	Section	Twp.	Range	County	Parcel No.
N 1/2	NW 1/4	20	20	14	Kittitas	300334

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

Kirk Cresto

Print Name

(Applicant or authorized representative)

Signature

7/1/13

Date

Laura Cresto

Print Name

(Land Owner, if seeking to use the ground water exemption)

Signature

7/1/13

Date

Submit this form to:

DEPARTMENT OF ECOLOGY
WATER RESOURCES PROGRAM
CENTRAL REGIONAL OFFICE
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452